

MEMORANDUM

DATE: April 19, 1996

TO: PERSONNEL MANAGEMENT LIAISONS REFERENCE CODE: 96-015

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

PERSONNEL OFFICERS, PERSONNEL TRANSACTIONS SUPERVISORS
AND PERSONNEL TRANSACTIONS STAFF

FROM: Department of Personnel Administration
Benefits Division

SUBJECT: Important Dental Program Changes

CONTACT: William Page, Dental Program Coordinator
(916) 324-0525 or CALNET 454-0525
Office Vision: DPA (WHPAGE)
INTERNET: WHPAGE@SMTP.DPA.CA.GOV

The purpose of this memo is to provide Departments with important information on administrative changes in the State's Dental Program. These changes will be incorporated in the revised Dental Program Procedures Manual which will be part of the next revision of the Benefits Administration Manual (BAM). It is anticipated that the BAM revision will be sent to Departments in mid-May.

New Standard Effective Date Rule

Effective May 1, 1996 a major change is being made to the Standard Effective Date Rule which is applied to permissive dental enrollment transactions. This new rule will ensure that all forms submitted timely by the employee will always maintain the original effective date entered by the Personnel Office. Accordingly, any Dental Plan Enrollment Authorization (STD. 692) form that is submitted to the State Controller's Office (SCO) and must be returned to the employing office due to incomplete or incorrect information will maintain the original effective date.

Personnel Office staff need to be aware, however, that document processing problems will result in a delay in eligibility information being sent to the dental carriers. Employees should be advised accordingly. There will be no change to the current Mandatory Effective Date Rule. The new Standard Effective Date Rule is provided below along with appropriate examples:

Standard Effective Date Rule

First day of the 2nd month after the STD. 692 is completed and received by the employing department.

Example (1) Employee hired 6/1 and submits STD. 692 on 6/10. The effective date would be 8/1.

Example (2) Spouse moves out of household 3/25 and employee submits STD. 692 on 4/2. The effective date would be 6/1.

This new rule change will be effective on May 1, 1996. This means that any STD. 692 received from the employee in the Personnel Office on or after May 1, 1996 should reflect the new Standard Effective Date Rule.

Revised Permitting Event Code Chart

The Dental Program Permitting Event Codes/Date Chart has also been revised to incorporate the new Standard Effective Date Rule. A copy of the revised chart is attached and will be included in the BAM revision being released mid-May.

Affidavit of Eligibility

The Affidavit of Eligibility form (DPA 025) is a new Department of Personnel Administration (DPA) certification form. Employees will be required to provide this certificate when enrolling an economically dependent child(ren) on their dental coverage when the child(ren) is not a natural child, an adopted child, or a stepchild. However, the DPA 025 will only be required if a California Public Employees' Retirement System (CalPERS) Affidavit of Eligibility is not being completed for enrollment of the child in the health benefit. A copy of the DPA 025 is attached, and additional copies may be duplicated as needed. The Personnel Office should maintain this form in the employee's personnel file with the agency copy of the STD. 692.

Department's Role

Personnel offices are being asked to inform all employees about these dental program changes which will affect new enrollments or change requests. Employees should be directed to contact their Departmental Personnel Offices if they have any questions regarding dental program changes.

Personnel Office staff requiring assistance or clarification on the information contained in this memo should call William Page, Dental Program Coordinator, at (916) 324-0525 or CalNet 454-0525.



Patricia Pavone, Chief
Benefits Division

Attachments

cc: SCO, Del Delgado/Linda Edwards/Laverne Krebs
PERS, Mark Quillici
STRS
DEPARTMENT OF THE MILITARY
FAIRS AND EXPOSITIONS
LOS ANGELES COUNTY SUPERIOR COURT JUDGES
CAHP DENTAL TRUST
CCPOA DENTAL TRUST



DENTAL PROGRAM PERMITTING EVENT CODES/DATES

EFFECTIVE DATES RULES:

STANDARD

First day of the second month after the STD. 692 is received by the employing department. Example: Received 3/5 Effective 5/1

MANDATORY

First day of the month following the event.

NEW ENROLLMENTS

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
New employee, reinstatement from retirement, transfer from State Fair districts	01	Appointment Date	Standard	60 days from appointment date
Leaving Bargaining Unit 13	01a	Appointment Date	First of the month following appointment date	No time limit
Enrollment of self, or self and dependents, after coverage as a dependent terminates for <u>any reason</u> (divorce, loss of spouse, etc.) except voluntary cancellations	05	Last day of month in which other coverage terminates	Standard	60 days from event
Initial enrollment of employee who was off active pay status during open enrollment (includes return from military leave)	07	Date of return to pay status	Standard	60 days from return to active pay status
Enroll or change to indemnity plan (Delta Dental) after completion of required prepaid restriction period.	08	Date prepaid restriction period ends	Standard	60 days from date prepaid restriction period ends

DENTAL PROGRAM

FAMILY MEMBER ADDITIONS

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Change of custody or adding child who has become economically dependent on employee	16	Date of custody change or economically dependent child is acquired	Standard	60 days from event
New spouse and/or stepchild to a <u>one</u> party enrollment	17a	Date family member acquired	Standard	60 days from event
Spouse and/or dependents that lost coverage to a <u>one</u> party enrollment	17b	Date other coverage ended	Mandatory	60 days from event
Return from military leave	18	Date of return	Standard	60 days from event
Newborn, adopted child, or a child at age 3 to a <u>one</u> party enrollment	19	Date of birth, physical custody or 3rd birthday	Standard	60 days from event
New spouse and/or stepchild to a <u>two or more</u> party enrollment	21a	Date family member acquired	Standard	60 days from event
Spouse and/or dependents that lost coverage to a <u>two or more</u> party enrollment	21b	Date other coverage ended	Mandatory	60 days from event
Newborn, adopted child, or a child at age 3 to a <u>two or more</u> party enrollment	22a	Date of birth, physical custody or 3rd birthday	Standard	60 days from event

IMPORTANT INFORMATION

- Married State employees may not "split" dependent coverage. All dependent children must be enrolled by one State employee.
- There is no dual coverage allowed. Employees and dependents may not have dual coverage with the State of California and/or a California State University Plan.

DENTAL PROGRAM

DELETION OF CHILDREN

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Change in custody	23a	Date custody changed	Mandatory (*)	No time limit (may be eligible for COBRA)
Obtains other group coverage (NOT State-sponsored plan)	23b	Date other coverage begins	Standard	No time limit
Child's 18th birthday	23c	18th birthday	Standard	No time limit up to age 23
Child entering military service	26a	Date of entry	Mandatory (*)	No time limit
Marriage of child (Mandatory Deletion)	26b	Date of marriage	Mandatory (*)	No time limit
Death of child (Mandatory Deletion)	26c	Date of death	Mandatory (*)	No time limit
Child's 23rd birthday, unless disabled (Mandatory Deletion)	26d	23rd birthday	Mandatory (*)	No time limit
Child enrolling as an employee in State-sponsored dental plan (Mandatory Deletion)	26e	Date State-sponsored coverage begins	Mandatory (*)	No time limit
Child no longer economically dependent (Mandatory Deletion)	26f	Date of change in dependency	Mandatory (*)	No time limit
Child under age 3 (may not re-enroll until open enrollment or age 3)	26g	Date document signed	Standard	Up to age 3

(*) No time limit but document should be processed promptly. Employees will be responsible for any claims incurred after the date of the event for mandatory deletions.



DENTAL PROGRAM

DELETION OF SPOUSE

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Spouse obtains other group coverage (NOT State-sponsored plan)	24a	Date other coverage begins	Standard	No time limit
Spouse moves out of household (may not re-enroll as dependent until next open enrollment)	24b	Date of move	Standard	No time limit
Divorce (Mandatory Deletion)	27a	Date of divorce	Mandatory (*) (**)	No time limit. May be eligible for COBRA
Death of spouse (Mandatory Deletion)	27b	Date of death	Mandatory (*)	No time limit
Spouse entering military service	27c	Date of entry	Standard	No time limit
Spouse enrolling as an employee in a State-sponsored plan (Mandatory Deletion)	27d	Day before effective date of coverage begins	Mandatory (*)	No time limit

(*) No time limit but document should be processed promptly. Employees will be responsible for any claims incurred after the date of the event for mandatory deletions.

(**) Requires copy of final divorce decree or dissolution of marriage document be obtained and maintained in the employee's personnel folder.



DENTAL PROGRAM

PERMANENT INTERMITTENT - ENROLLMENT/CANCELLATION

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
New enrollment	04	June 30 or December 31	Standard	60 days from the end of the control period
Cancellation due to loss of eligibility	39	June 30 or December 31	August 1 or February 1	60 days from the event

MISCELLANEOUS ENROLLMENT

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Deleting <u>all</u> family members (no reason for request needed)	25	Date STD. 692 signed	Standard	No time limit
Employee and/or dependent enrolled but not eligible	42	Date of original enrollment	Date of original enrollment	No time limit
Employee reenrolling into pretax dental; has declined FlexElect cash during open enrollment.	44	Last day of FlexElect Plan Year (*)	January 1 of following year	Refer to latest FlexElect Open Enrollment instructions

(*) To be used when an employee completes the three year dental commitment under the FlexElect Program.

DENTAL PROGRAM

CHANGE OF DENTAL PLAN

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Upon return to active pay status after open enrollment period	31	Date of return to active pay status	Standard	60 days from event
Moving <u>out of</u> group practice plan or service cancellation	34	Date of move or service change	Standard	31 days prior to move; no time limit after move
Moving into group practice plan service area or service added	35	Date of move or service change	Standard	31 days prior to event; 60 days after event
Change in bargaining unit or employee designation and new dental plan options available	40	Effective date of change	Standard	No time limit

OPEN ENROLLMENT PERIOD

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
New Enrollment	03	First day of open enrollment period for all open enrollment transactions.	January 1st of the following year for all open enrollment transactions	Refer to specific open enrollment instructions
Addition/deletion of a dependent(s) (*)	15			
Change of plan	28			
Change of plan <u>and</u> addition/deletion of dependent(s) (*)	29			

(*) Can be processed on one enrollment form.

DENTAL PROGRAM

CANCELLATION OF ALL COVERAGE

Permitting Event	Permitting Event Code	Permitting Event Date	Effective Date of Action	Time Limit to File Document
Death of Employee (Mandatory Deletion)	27b	Date of death (*)	Mandatory (**)	No time limit
Voluntary	36a	Date signed	Standard	No time limit
Employment status changes to less than one-half time	38	Date status changes	1st day of the <u>second</u> month following the event	No time limit

(*) In Remarks Section of the STD. 692 indicate "death of employee".

(**) No time limit but document should be processed promptly. Employees will be responsible for any claims incurred after the date of the event for mandatory cancellations.



State of California
Dental Program
AFFIDAVIT OF ELIGIBILITY
(Economically Dependent Child)

I, _____ understand that the Department of Personnel Administration (DPA) allows for the enrollment of a child (other than natural, adopted or stepchild) who is economically dependent upon me until the child marries or becomes age 23 (whichever comes first).

I further understand that the child must reside with me as a member of my household in a normal parent-child relationship, and that I have responsibility for at least 50% of the child's financial support.

I therefore swear (or affirm), under penalty of perjury, that _____ is my dependent, and resides with me as a member of my household in a normal parent-child relationship, and that I am responsible for 50% or more of his/her financial support and maintenance and that the above-mentioned child is not now, nor ever been married; is not a foster child; is not eligible for or enrolled in dental benefit coverage from any other source. Additional children who meet the above qualifications may be listed on the back of this form.

I recognize this affidavit as a legally binding document and I accept responsibility for notifying my departmental Personnel Office immediately if there are any changes in the child's status as my dependent. I also agree to provide supporting documentation, such as tax, court or notarized custody records when requested by my department or DPA at anytime as long as the child is enrolled on my State-sponsored dental coverage as my eligible dependent.

Employee/Retiree Signature: _____ Date Signed _____

Social Security Number: _____ Employing Agency: _____

City: _____ Daytime Phone Number: () _____

Signature witnessed by me, Notary Public, in and for the County of _____

State of _____ on _____

(Signature of Notary Public)

FOR EMPLOYING AGENCY USE ONLY

Affidavit received on _____ by _____
(Authorized Agency Signature)

The Personnel Office should maintain this document in the employee's personnel file, attached to the agency copy of the Dental Enrollment Authorization (STD. 692). Do not send a copy of affidavit to SCO or DPA.

**AFFIDAVIT OF ELIGIBILITY
(Economically Dependent Child)**

Additional economically dependent children being enrolled in the Dental Program in accordance with qualifications listed on the front side of this form.

1. _____
2. _____
3. _____
4. _____
5. _____